

(Date)

(Healthcare Provider)

(Address)

(Address)

(Re: Employee Name)

Dear (Healthcare Provider):

We are considering providing **(employee name)** with a **(whatever it is)**, enabling her to **(whatever it does)** thereby eliminating the direct threat related to her **(name of)** condition. However, even using the **(item)**, it will be necessary for her to **(whatever employee will still need to do)**. Please help us understand whether or not this accommodation will reduce to an acceptable level or eliminate altogether, the significant risk of substantial harm that we identified on the basis of the information you had Originally provided.

Please address the following issues in your response and explain, taking into account generally accepted medical principles and practice, whether or not there is a medical basis upon which to conclude that **(employee name)** would be expected to suffer substantial harm if s/he were to **(what employee does, frequency and duration ie: as often as 6 times an hour during a 7 - hour work day)**, and if so:

1. the probability that she will suffer substantial harm:
2. the nature and severity of the expected harm:
3. the probability that such harm will occur within the next 1 month; and.
4. whether or not the degree of risk would be expected to decrease with the passage of time.
If so, to what degree and within what time frame?

Thank you for your time and consideration. Please feel free to contact me if you have any questions or need any additional information.

Sincerely,

(Contact Name)

(Address)

(Address)

(Phone Number)

(Fax number)

(e-mail address)

(Note: For your reference only. Please delete before printing). The one-month timeframe for occurrence of substantial harm is intended as an example only and is included to illustrate the need to provide the doctor with a short timeframe consistent with the ADA's requirement that the employer consider only imminent risk of substantial harm in assessing direct threat.